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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/726,423

12/03/2003

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66729/P032US/10614704

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29053 7590 08/14/2009  
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EXAMINER

RANGREJ, SHEETAL

ART UNIT

PAPER NUMBER

3686

MAIL DATE

DELIVERY MODE

08/14/2009

PAPER

**Please find below and/or attached an Office communication concerning this application or proceeding.**

The time period for reply, if any, is set in the attached communication.

<b>Office Action Summary</b>	<b>Application No.</b> 10/726,423	<b>Applicant(s)</b> SCHOENBERG, ROY	
	<b>Examiner</b> SHEETAL R. RANGREJ	<b>Art Unit</b> 3686	

-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

#### Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

#### Status

- 1) ☒ Responsive to communication(s) filed on 04 May 2009.
- 2a) ☒ This action is **FINAL**.                      2b) ☐ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

#### Disposition of Claims

- 4) ☒ Claim(s) 1-5 and 7-40 is/are pending in the application.
- 4a) Of the above claim(s) \_\_\_\_\_ is/are withdrawn from consideration.
- 5) ☐ Claim(s) \_\_\_\_\_ is/are allowed.
- 6) ☒ Claim(s) 1-5 and 7-40 is/are rejected.
- 7) ☐ Claim(s) \_\_\_\_\_ is/are objected to.
- 8) ☐ Claim(s) \_\_\_\_\_ are subject to restriction and/or election requirement.

#### Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☒ The drawing(s) filed on 03 December 2003 is/are: a) ☒ accepted or b) ☐ objected to by the Examiner.  
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).  
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

#### Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All    b) ☐ Some \*    c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
  2. ☐ Certified copies of the priority documents have been received in Application No. \_\_\_\_\_.
  3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

\* See the attached detailed Office action for a list of the certified copies not received.

#### Attachment(s)

- |                                                                                      |                                                                   |
|--------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| 1) <input type="checkbox"/> Notice of References Cited (PTO-892)                     | 4) <input type="checkbox"/> Interview Summary (PTO-413)           |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | Paper No(s)/Mail Date. _____                                      |
| 3) <input type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)          | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| Paper No(s)/Mail Date _____                                                          | 6) <input type="checkbox"/> Other: _____                          |

## **DETAILED ACTION**

### ***Prosecution History Summary***

1. Claims 1, 4-5, 12-14, 16, 20-24, 28-29, and 34-36 are amended.
2. Claim 6 is cancelled.
3. Claims 37-40 are new.
4. Claims 1-5 and 7-40 are pending.

### ***Claim Rejections - 35 USC § 102***

5. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless –

(e) the invention was described in (1) an application for patent, published under section 122(b), by another filed in the United States before the invention by the applicant for patent or (2) a patent granted on an application for patent by another filed in the United States before the invention by the applicant for patent, except that an international application filed under the treaty defined in section 351(a) shall have the effects for purposes of this subsection of an application filed in the United States only if the international application designated the United States and was published under Article 21(2) of such treaty in the English language.

6. Claims 1-36 are rejected under 35 U.S.C. 102(e) as being anticipated by Soong (US 6,941,271).

7. As per claim 1, Soong teaches a key organization method comprising:  
-receiving, by a key organization system operable on a computer processor, a first access key that grants, to a medical service provider, a patient-defined level of access to a first set of medical records (Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50); Examiner notes that Soong discloses the login IDS database including the names and login IDs of all persons entitled to access health records; furthermore the password could be created by the individual **OR** the patient, causing no burden.

-receiving, by said key organization system, a second access key that grants, to a medical service provider, a patient-defined level of access to a second set of medical records (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**);

-storing the first and second access keys in a centralized key repository that is communicatively accessible to said key organization system; (**Soong: col. 11, 6-50**) and

-associating, by said key organization system, said first and second access keys with said medical service provider (**Soong: col. 11, 6-50**). Examiner notes that a medical provider could have multiple login IDs that provide different access to medical records of a patient; the login IDs are compared in the database that provides authorization, therefore associating first and second access keys with said medical service provider.

8. As per claim 2, the method of claim 1 is as described. Soong further teaches wherein the first access key is generated by a first patient (**Soong: col. 6, 14 to col. 7, 20**), and the first set of medical records concern the first patient (**Soong: col. 7, 20-52**).

9. As per claim 3, the method of claim 1 is as described. Soong further teaches wherein the second access key is generated by a second patient (**Soong: col. 6, 14 to col. 7, 20**), and the second set of medical records concern the second patient (**Soong: col. 7, 20-52**). Changing the amount of keys generated and amounts of medical records concerning the patients does not change the invention as a whole, therefore the limitations are taught as mentioned.

10. As per claim 4, the method of claim 1 is as described. Soong further teaches further comprising controlling, by said key organization system, said medical service provider's access to the first set of medical records by allowing said medical service provider to select, from a list of patients for whom access keys are associated with said medical service provider, a

corresponding patient to whom the first set of medical records pertains (Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50).

11. As per claim 5, the method of claim 4 is as described. Soong further teaches further comprising controlling, by said key organization system, said medical service provider's access to the second set of medical records by allowing said medical service provider to select, from a list of patients for whom access keys are associated with said medical service provider, a corresponding patient to whom the first set of medical records pertains (Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50). Changing the amount of keys generated and amounts of medical records concerning the patients does not change the invention as a whole, therefore the limitations are taught as mentioned.

12. As per claim 7, the method of claim 1 is as described. Soong further teaches further comprising storing the first and second medical records on a centralized medical record repository **(Soong: figure 1).**

13. As per claim 8, the method of claim 7 is as described. Soong further teaches wherein the centralized medical record repository and centralized key repository reside on and are executed by a remote server connected to a distributed computing network **(Soong: figure 1).**

14. As per claim 9, the method of claim 8 is as described. Soong further teaches wherein:  
-the remote server is a web server **(Soong: col. 3, 60 to col. 4, 1);** and  
-the distributed computing network is the Internet **(Soong: col. 3, 60 to col. 4, 1).**

15. As per claim 10, the method of claim 1 is as described. Soong further teaches wherein the first set of medical records is a multi-portion medical record and the first access key provides

access to one or more portions of the first set of medical records (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**).

16. As per claim 11, the method of claim 1 is as described. Soong further teaches wherein the second set of medical records is a multi-portion medical record and the second access key provides access to one or more portions of the second set of medical records (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**).

17. As per claim 12, Soong teaches a key distribution method comprising:

- receiving, by a key organization system from a first patient using a client computer, a first access key that grants, to a medical service provider, a patient-defined level of access to a first set of medical records (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**);
- receiving, by a key organization system from a second patient using a second client computer, a second access key that grants, to said medical service provider, a patient-defined level of access to a second set of medical records (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**); and
- associating, by said key organization system, said first and second access keys with said medical service provider;
- storing, by said key organization system, the first and second access keys and said association in a centralized key repository (**Soong: col. 11, 6-50**); and
- receiving, by said key organization system, a request from said medical service provider to access said first or second set of medical records and, responsive to said request, controlling access to said requested set of medical records using said first or second access key, wherein input of said first or second access key from said medical service provider is not required by said key organization system (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**).

18. As per claim 13, the method of claim 12 is as described. Soong further teaches further comprising controlling, by said key organization system, said medical service provider's access to the first set of medical records by receiving input from said medical service provider for selecting, from a list of patients for whom access keys are associated with said medical service provider, a corresponding patient to whom the first set of medical records pertains (Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50).

19. As per claim 14, the method of claim 12 is as described. Soong further teaches further comprising controlling, by said key organization system, said medical service provider's access to the second set of medical records by receiving input from said medical service provider for selecting, from a list of patients for whom access keys are associated with said medical service provider, a corresponding patient to whom the first set of medical records pertains (Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50).

20. As per claim 15, the method of claim 12 is as described. Soong further teaches further comprising storing the first and second medical records on a centralized medical record repository (Soong: col. 11, 6-50).

21. As per claim 16, the method of claim 15 is as described. Soong further teaches wherein the centralized medical record repository and centralized key repository reside on and are accessible through said key organization system connected to a distributed computing network (Soong: figure 1).

22. As per claim 17, the method of claim 12 is as described. Soong further teaches wherein the first set of medical records is a multi-portion medical record and the first access key provides

access to one or more portions of the first set of medical records (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**).

23. As per claim 18, the method of claim 12 is as described. Soong further teaches wherein the second set of medical records is a multi-portion medical record and the second access key provides access to one or more portions of the second set of medical records (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**).

24. As per claim 19, Soong teaches a key organization method comprising:

- maintaining, on a remote server, a centralized key repository and a centralized medical record repository (**Soong: figure 1; col. 6, 14 to col. 7, 20**);

- storing a plurality of patient medical records on the centralized medical record repository, wherein said plurality of patient medical records comprise at least one of a first set of medical records containing information pertaining a first patient and a second set of medical records containing medical information pertaining a second patient (**Soong: figure 1; col. 6, 14 to col. 7, 20**);

- storing, in said centralized key repository, a plurality of access keys that each grant patient-defined access rights to a corresponding patient's set of medical records (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**); and

- responsive to a request from said medical service provider to access one of said sets of medical records, retrieving, by a key organization system, from said centralized key repository a determined one of said access keys that is associated with said medical service provider and which corresponds to said requested set of medical records, and controlling, by said key



organization access by said medical service provider to said requested set of medical records using the retrieved access key (Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50).

25. As per claim 20, the method of claim 19 is as described. Soong further teaches further comprising:

-receiving, from said first patient, a first access key, of said plurality of access keys, that grants to said medical service provider a patient-defined level of access to the first set of medical records (Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50); and

-receiving, from said second patient, a second access key, of said plurality of access keys, that grants to said medical service provider a patient-defined level of access to the second set of medical records (Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50).

26. As per claim 21, the method of claim 20 is as described. Soong further teaches further comprising storing, by said key organization system, the first and second access keys in the centralized key repository (Soong: figure 1).

27. As per claim 22, the method of claim 19 is as described. Soong further teaches further comprising accessing, by said key organization system, the first set of medical records using the first access key (Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50).

28. As per claim 23, the method of claim 19 is as described. Soong further teaches further comprising accessing, by said key organization system, the second set of medical records using the second access key (Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50).

29. As per claim 24, the method of claim 19 is as described. Soong further teaches wherein the centralized medical record repository and centralized key repository reside on a remote

server connected to a distributed computing network and are communicatively coupled to said key organization system (Soong: figure 1).

30. As per claim 25, the method of claim 24 is as described. Soong further teaches wherein:

-the remote server is a web server (Soong: figure 1); and

-the distributed computing network is the Internet (Soong: figure 1).

31. As per claim 26, the method of claim 19 is as described. Soong further teaches wherein the first set of medical records is a multi-portion medical record and the first access key provides access to one or more portions of the first set of medical records (Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50).

32. As per claim 27, the method of claim 19 is as described. Soong further teaches wherein the second set of medical records is a multi-portion medical record and the second access key provides access to one or more portions of the second set of medical records (Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50).

33. As per claim 28, Soong teaches a key organization system comprising:

-a server system including a computer processor and associated memory, the server system having a centralized key repository and a centralized medical record repository (Soong: figure 1);

-wherein the server system is configured to:

-store a first set of medical records and a second set of medical records on the centralized medical record repository (Soong: col. 6, 14 to col. 7, 20);

-receive a first access key associated with a medical service provider that grants to said medical service provider a patient-defined level of access to the first set of medical

records (**Soong: col. 6, 14 to col. 7, 20**);

-receive a second access key associated with a medical service provider that grants to said medical service provider a patient-defined level of access to the second set of medical records (**Soong: col. 6, 14 to col. 7, 20**); and

-store the first access key and the second access key on the centralized key repository (**Soong: figure 1; col. 6, 14 to col. 7, 20**); and

-wherein the key organization system is configured to, responsive to receipt of a request from said medical service provider to access one of said first and second set of medical records, retrieve a determined one of first and second access keys from the centralized key repository and use the retrieved access key to control access by said medical service provider to said requested set of medical records (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**).

34. As per claim 29, the system of claim 28 is as described. Soong further teaches further comprising a client system including a computer processor and associated memory, the client system being configured to:

-communicate said request from said medical service provider to said key organization system via a communication network (**Soong: col. 3, 56 to col. 4, 30**).

35. As per claim 30, the system of claim 29 is as described. Soong further teaches wherein the server system and the client system are coupled via a distributed computing network (**Soong: figure 1**).

36. As per claim 31, the system of claim 30 is as described. Soong further teaches wherein the distributed computing network is the Internet (**Soong: figure 1**).

37. As per claim 32, the system of claim 28 is as described. Soong further teaches wherein the first set of medical records is a multi-portion medical record and the first access key provides access to one or more portions of the first set of medical records (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**).

38. As per claim 33, the system of claim 28 is as described. Soong further teaches wherein the second set of medical records is a multi-portion medical record and the second access key provides access to one or more portions of the second set of medical records (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**).

39. As per claim **34**, it is an article of manufacture claim which repeats the same limitations of claim **28**, the corresponding method claim, as a collection of executable instructions stored on machine readable media as opposed to a series of process steps. Since the teachings of **Soong** disclose the underlying process steps that constitute the method of claim **28**, it is respectfully submitted that they likewise disclose the executable instructions that perform the steps as well. As such, the limitations of claim **34**, are rejected for the same reasons given above for claim **28**.

40. As per claim **35**, it is an article of manufacture claim which repeats the same limitations of claim **12**, the corresponding method claim, as a collection of executable instructions stored on machine readable media as opposed to a series of process steps. Since the teachings of **Soong** disclose the underlying process steps that constitute the method of claim **1**, it is respectfully submitted that they likewise disclose the executable instructions that perform the steps as well. As such, the limitations of claim **35**, are rejected for the same reasons given above for claim **12**.

41. As per claim **36**, it is an article of manufacture claim which repeats the same limitations of claim **19**, the corresponding method claim, as a collection of executable instructions stored on

machine readable media as opposed to a series of process steps. Since the teachings of **Soong** disclose the underlying process steps that constitute the method of claim **1**, it is respectfully submitted that they likewise disclose the executable instructions that perform the steps as well. As such, the limitations of claim **36**, are rejected for the same reasons given above for claim **19**.

42. As per claim 37, the method of claim 1 as described. Soong further teaches further comprising: granting said medical service provider secure access to said key organization system, wherein said access allows said medical service provider to select a patient from a group of patients associated with said medical service provider (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**). Examiner notes that the provider inputs a patient's name, therefore, allowing a medical service provider to select a patient from a group of patients.

43. As per claim 38, the method of claim 37 as described. Soong further teaches wherein said secure access is granted after said medical service provider passes a security, test issued by said key organization system (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**).

44. As per claim 39, the method of claim 37 as described. Soong further teaches further comprising:

- receiving, by said key organization system, said selection, wherein said selection is a request to access said first set of medical records (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**);

- retrieving from said centralized key repository, by said key organization system in response to said selection, said first access key (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**); and

- using, by said key organization system, said first access key to control said medical services provider's access to said first set of medical records (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**).

45. As per claim 40, the method of claim 4 as described. Soong further teaches wherein accessing the first set of medical records does not require said medical service provider to pass a second security test (**Soong: col. 6, 14 to col. 7, 20; col. 11, 6-50**).

***Response to Arguments***

46. Applicant's arguments filed for claims 1-5 and 7-40 have been fully considered but they are not persuasive. Explanation given above.

***Conclusion***

47. **THIS ACTION IS MADE FINAL.** Applicant is reminded of the extension of time policy as set forth in 37 CFR 1.136(a).

A shortened statutory period for reply to this final action is set to expire THREE MONTHS from the mailing date of this action. In the event a first reply is filed within TWO MONTHS of the mailing date of this final action and the advisory action is not mailed until after the end of the THREE-MONTH shortened statutory period, then the shortened statutory period will expire on the date the advisory action is mailed, and any extension fee pursuant to 37 CFR 1.136(a) will be calculated from the mailing date of the advisory action. In no event, however, will the statutory period for reply expire later than SIX MONTHS from the mailing date of this final action.

Any inquiry concerning this communication or earlier communications from the examiner should be directed to SHEETAL R. RANGREJ whose telephone number is (571) 270-1368. The examiner can normally be reached on M-F 8:30-5:30.

If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Jerry O'Connor can be reached on (571) 272-6787. The fax phone number for the organization where this application or proceeding is assigned is (571) 273-8300.

Information regarding the status of an application may be obtained from the Patent Application Information Retrieval (PAIR) system. Status information for published applications may be obtained from either Private PAIR or Public PAIR. Status information for unpublished applications is available through Private PAIR only. For more information about the PAIR system, see <http://pair-direct.uspto.gov>. Should you have questions on access to the Private PAIR system, contact the Electronic Business Center (EBC) at 866-217-9197 (toll-free). If you would like assistance from a USPTO Customer Service Representative or access to the automated information system, call 800-786-9199 (IN USA OR CANADA) or (571) 272-1000.

/S. R. R./  
Examiner, Art Unit 3686  
August 7, 2009

/Gerald J. O'Connor/  
Supervisory Patent Examiner  
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